

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: CM04036H	
In re Application of	Korinek et al.		
Application Number	09/812,874	Filed	March 19, 2001
For	METHOD AND APPARATUS FOR REMOVING A BASE TRANSCEIVER STATION FROM A WIRELESS COMMUNICATION SYSTEM		
Group Art Unit	2685	Examiner	Nguyen, Steven H D

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):

<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 120.00
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 450.00
<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 1020.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1590.00
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 2160.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 502117. The Deposit Account Name is Motorola, Inc.. A fee transmittal is attached in duplicate.

☐ I have enclosed a duplicate copy of this sheet.

I am the:

☐ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ Attorney or agent of record (Registration No.: 44,798)

☐ Attorney or agent under 37 CFR 1.34(a)
Registration number if acting under 37 CFR 1.34(a) _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

May 31, 2005 _____
Date

847/576-5562 _____
Telephone Number

Signature

Jeffrey K. Jacobs
Type or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 form(s) are submitted

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